PATENT APPLICATION FEE DETERMINATION RECORD 09852647 6192.0178 //													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	NTTTY	OR	OTHER		1
TC	TAL CLAIMS		34					RATE	FEE	1	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	1
TO	TAL CHARGEA	3 4 minus 20=		14.			X\$ 9=	·	OR	X\$18=	252		
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X40=			X80=		1
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					-		OR	7.00-		ł
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=		
								TOTAL	<u> </u>	OR	TOTAL	962	1
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	00	OTHER		
	<b></b>	CLAIMS		High		(Column 3)	1 1	SMALL	ADDI-	OR 1	SMALL		┨
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
Š	Total	. 38	Minus	<u></u> 3	9	= 4		X\$ 9=		OR	X\$18=	7200	1
AME	Independent	. 4	Minus	3	5	-/		X40=		OR	×60≡	8400	14
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								~		070		1
								+135= TOTAL		OR	+270= TOTAL		ļ
ADDIT										OR	ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)							
AMENDMENT 8	+ <b>4</b> )	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
Ž	Total	. 38	Minus .	·· 3	8	=		X\$ 9=	. [	OR	X\$18=	1	
AME	Independent	. 4	Minus	***	$I_{-}$	= .		X40=	1	OR	X80=	/	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+135=			+270=		
	,		•				L	TOTAL		OR	TOTAL		
						0.00	A	DDIT. FEE		OR	ADDIT. FEE		-
Ė		(Column 1) CLAIMS		(Colum		(Column 3)							
AMENDMENT C	1.	REMAINING AFTER AMENDMENT		- NUMI PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOI	Total	.38	Minus	38	8	= \		X\$ 9=			X\$\ 18=	7	
MER	Independent	. 4	Minus	(	1		1			OR	- \	<u> </u>	ł
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X40=		OR	<del>\</del>		1
										OR	+270=		
** [	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									or ,	TOTAL ADDIT. FEE		
	The "Highest Num	niber Previously Pai	d For (Total o	Independe	oni) is the	highest numbe	r four	nd in the app	ropriate box				
FORM	PTO-875								105 11		ADTIVENT OF		I